

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070472 (4)

1. Corporation Name
MEDISA, INC.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SEP 13 - 5 PM 4:08

Principal Place of Business

5401 COLLINS AVE
#322
MIAMI BCH. FL 33140

Mailing Address

[REDACTED]
[REDACTED]
[REDACTED]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/30/1993

3a. Date of Last Report
01/20/1994

4. FEI Number
65-0441489

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

24 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 402306

27 City & State

28 Zip

29 Country

30 33140

31 USA

9. Name and Address of Current Registered Agent

AMARO, CARLOS A
5401 COLLINS AVE
#322
MIAMI BCH. FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of agent or person named as registered agent and title of corporation

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME D
STREET ADDRESS AMARO, CARLOS A
CITY-ST-ZIP 5401 COLLINS AVE., #322
MIAMI BCH. FL 33140

11 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made individually; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/95

Date

Signature Printed Name